

KELLER LAW GROUP, P.L.L.C.
Attorneys at Law

CONFIDENTIAL
ESTATE PLANNING DATA SHEET

Date: _____

Name: _____

Residence Address: _____

Home Tel : _____

Cell # : _____

Date of birth: _____ Email: _____

Employer: _____

Work Telephone Number: _____

Spouse: _____ Cell # : _____

Date of birth: _____ Email: _____

Employer: _____

Work Telephone Number: _____

Date of your Marriage: _____ Either spouse have prior marriages? Yes ___ No ___

If yes, please provide for each: Dates of marriage: _____

How Terminated: _____

Children of Prior Marriage

Names: _____

Ages: _____

Any Agreement affect your assets: _____

Any current health concerns of either spouse: Yes ___ No ___

If yes, please describe: _____

Family Data

Children

Names

1. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

2. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

3. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

4. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

If born from a previous marriage, have the children been adopted by current spouse? _____

Are any of the children handicapped, or have other circumstances which cause you concern? If yes, explain briefly _____

Do you have a current Estate Plan (Wills, Trust, Powers of Attorney)? If so, what and when drafted? _____

Please bring copies to the meeting

DISPOSITION OF YOUR ESTATE

Do you have any thoughts as to how you want your Estate distributed upon your death?

Who would you like to be in charge of administering your Estate?

Name: _____

Address: _____

Relationship: _____

Back up

Name: _____

Address: _____

Relationship: _____

If you have minor children, who would you like to serve as Guardian?

Name: _____

Address: _____

Relationship: _____

Back up

Name: _____

Address: _____

Relationship: _____

If incapacitation were to occur, who would you like to have handle your affairs (other than spouse)?

Client

Spouse

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Back up

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

If incapacitation were to occur, who would you like to have handle medical decisions (other than spouse)?

Client

Spouse

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Back up

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Who referred you to our office? _____

Advisors (if any)

Financial Planner/Insurance _____

Accountant _____

Broker _____

In order to more fully evaluate and discuss your estate planning needs and options, information on your financial profile is needed. Attached is an Asset Information Sheet which should be completed as completely as possible and returned with this questionnaire prior to your initial conference.

CLIENT ASSET INFORMATION

CASH ACCOUNTS

Checking Accounts:

| <u>Name of Institution</u> | <u>Account #</u> | <u>Owners</u> | <u>Balance</u> |
|----------------------------|------------------|---------------|----------------|
|----------------------------|------------------|---------------|----------------|

1.

2.

3.

4.

5.

Savings Accounts:

| <u>Name of Institution</u> | <u>Account #</u> | <u>Owners</u> | <u>Balance</u> |
|----------------------------|------------------|---------------|----------------|
|----------------------------|------------------|---------------|----------------|

1.

2.

3.

4.

5.

Money Market Accounts:

| <u>Name of Institution</u> | <u>Account #</u> | <u>Owners</u> | <u>Balance</u> |
|----------------------------|------------------|---------------|----------------|
|----------------------------|------------------|---------------|----------------|

- 1.
- 2.
- 3.
- 4.
- 5.

Certificates of Deposits:

| <u>Name of Institution</u> | <u>Account #</u> | <u>Owners</u> | <u>Balance</u> |
|----------------------------|------------------|---------------|----------------|
|----------------------------|------------------|---------------|----------------|

- 1.
- 2.
- 3.
- 4.
- 5.

INVESTMENT SECURITIES

Brokerage Accounts:

| <u>Name of Brokerage</u> | <u>Account #</u> | <u>Owners</u> | <u>Balance</u> |
|--------------------------|------------------|---------------|----------------|
|--------------------------|------------------|---------------|----------------|

- 1.
- 2.
- 3.
- 4.
- 5.

Stocks:

| <u>Name of Stock</u> | <u># of Shares</u> | <u>Owners</u> | <u>Value</u> |
|----------------------|--------------------|---------------|--------------|
|----------------------|--------------------|---------------|--------------|

1.

2.

3.

4.

5.

Mutual Funds:

| <u>Name of Fund</u> | <u># of Shares</u> | <u>Owners</u> | <u>Value</u> |
|---------------------|--------------------|---------------|--------------|
|---------------------|--------------------|---------------|--------------|

1.

2.

3.

4.

5.

Bonds (Corporate and Municipal):

| <u>Name of Bond</u> | <u>Owners</u> | <u>Value</u> |
|---------------------|---------------|--------------|
|---------------------|---------------|--------------|

1.

2.

3.

4.

U.S. Savings Bonds:

| <u>Type of Bond</u> | <u>Issue Date</u> | <u>Serial #</u> | <u>Owners</u> | <u>Face Value</u> |
|---------------------|-------------------|-----------------|---------------|-------------------|
|---------------------|-------------------|-----------------|---------------|-------------------|

- 1.
- 2.
- 3.
- 4.

Bearer Bonds:

| <u>Type of Bond</u> | <u>Location</u> | <u>Owners</u> | <u>Face Value</u> |
|---------------------|-----------------|---------------|-------------------|
|---------------------|-----------------|---------------|-------------------|

- 1.
- 2.
- 3.

PARTNERSHIP INTERESTS

General and Limited Partnerships:

| <u>Partnership Name</u> | <u>General Partner</u> | <u>Your interest</u> | <u>Owner</u> | <u>Value</u> |
|-------------------------|------------------------|----------------------|--------------|--------------|
|-------------------------|------------------------|----------------------|--------------|--------------|

- 1.
- 2.
- 3.

BUSINESS INTERESTS

Corporations:

| <u>Company Name and State</u> | <u># of Shares</u> | <u>% ownership</u> | <u>Owners</u> | <u>Value</u> |
|-------------------------------|--------------------|--------------------|---------------|--------------|
|-------------------------------|--------------------|--------------------|---------------|--------------|

- 1.
- 2.
- 3.

Limited Liability Companies:

| <u>Name of Company</u> | <u>Membership Interest %</u> | <u>Owners</u> | <u>Value</u> |
|------------------------|------------------------------|---------------|--------------|
|------------------------|------------------------------|---------------|--------------|

- 1.
- 2.
- 3.

Sole Proprietorships:

| <u>Name of Business</u> | <u>Description of Business</u> | <u>Owners</u> | <u>Value</u> |
|-------------------------|--------------------------------|---------------|--------------|
|-------------------------|--------------------------------|---------------|--------------|

- 1.
- 2.
- 3.

REAL PROPERTY INTERESTS

List all property that you own, that is not owned by any of the business entities set forth above. Please provide a copy of the Deed if possible.

| <u>Address and General Description</u> | <u>How Titled/Owners</u> | <u>Loans</u> | <u>Value</u> |
|--|--------------------------|--------------|--------------|
|--|--------------------------|--------------|--------------|

- 1.
- 2.
- 3.
- 4.
- 5.

Time Shares:

| <u>Property Description</u> | <u>Development Owners</u> | <u>Owners</u> | <u>Value</u> |
|-----------------------------|---------------------------|---------------|--------------|
|-----------------------------|---------------------------|---------------|--------------|

- 1.
- 2.
- 3.

Misc. Property Interests (Oil and Gas Interests, Mortgages and Deeds of Trust, Leases, Etc.):

- 1.
- 2.
- 3.
- 4.
- 5.

LIFE INSURANCE

1. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

2. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

3. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

4. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

5. Company: _____ Policy #: _____

Insured: _____

Type of Policy: _____ Face Amount: \$ _____ Owner: _____

Primary Beneficiary: _____ Secondary Bene: _____

RETIREMENT PLANS

IRA's (Traditional and Roth)

| <u>Company Name</u> | <u>Owners</u> | <u>Death Beneficiary</u> | <u>Value</u> |
|---------------------|---------------|--------------------------|--------------|
|---------------------|---------------|--------------------------|--------------|

- 1.
- 2.
- 3.
- 4.
- 5.

401 K Plans

| <u>Company Name</u> | <u>Owners</u> | <u>Death Beneficiary</u> | <u>Value</u> |
|---------------------|---------------|--------------------------|--------------|
|---------------------|---------------|--------------------------|--------------|

- 1.
- 2.
- 3.
- 4.
- 5.

Pension Plans

| <u>Company Name</u> | <u>Type</u> | <u>Owners</u> | <u>Death Beneficiary</u> | <u>% Vested</u> | <u>Value</u> |
|---------------------|-------------|---------------|--------------------------|-----------------|--------------|
|---------------------|-------------|---------------|--------------------------|-----------------|--------------|

- 1.
- 2.
- 3.
- 4.
- 5.

Annuities

| <u>Company Name</u> | <u>Owner/Annitant</u> | <u>Type</u> | <u>Annuity Amount</u> | <u>Beneficiary</u> |
|---------------------|-----------------------|-------------|-----------------------|--------------------|
|---------------------|-----------------------|-------------|-----------------------|--------------------|

- 1.
- 2.
- 3.
- 4.
- 5.

MISCELLANEOUS ASSETS

Personal Property, Burial Plots, Intellectual Property Interests, Lawsuit Judgments, Automobiles, Boats, Country Club Membership Interests, Farm and Ranch Interests, and any other Assets of Value.

| <u>Description of Asset</u> | <u>Owners</u> | <u>Fair Market Value</u> |
|-----------------------------|---------------|--------------------------|
|-----------------------------|---------------|--------------------------|

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

SAFETY DEPOSIT BOX

| <u>Bank/Location</u> | <u>Owner</u> | <u>Contents</u> | <u>Approximate Value</u> |
|----------------------|--------------|-----------------|--------------------------|
|----------------------|--------------|-----------------|--------------------------|

Please fax, e-mail or mail your completed questionnaire to our office so that we receive it at least two (2) days prior to your scheduled conference.

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